

IN THE UNITED STATES BANKRUPTCY COURT
FOR THE NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION

CASE NAME: Harlow N. Higinbotham CASE NO. 18-31185

SUMMARY OF CASH RECEIPTS AND CASH DISBURSEMENTS
FOR MONTH ENDING November 5 – November 30, 2018

BEGINNING BALANCE IN ALL ACCOUNTS* \$ 40,252.50

RECEIPTS:

1. Receipts from operations \$ 21,825.38
2. Other Receipts \$ 25,505.62

DISBURSEMENTS:

3. Net Payroll:
 a. Officers \$ _____
 b. Others \$ _____
4. Taxes
 a. Federal Income Taxes \$ _____
 b. FICA withholding \$ _____
 c. Employee's withholding \$ _____
 d. Employer's FICA \$ _____
 e. Federal Unemployment Taxes \$ _____
 f. State Income Taxes \$ _____
 g. State Employee withholding \$ _____
 h. All other state taxes \$ _____
5. Necessary expenses:
 a. Rent or mortgage payment(s) \$ _____
 b. Utilities \$ 416.32
 c. Insurance \$ _____
 d. Merchandise bought for manufacture or sale \$ _____
 e. Other necessary expenses
 (specify)
 Groceries, household items, bedding, shoes, ATM card fee \$ 1,976.00
 _____ \$ _____

TOTAL DISBURSEMENTS \$ 1,976.00

NET RECEIPTS (DISBURSEMENTS) FOR THE CURRENT PERIOD \$ 45,355.00

ENDING BALANCE IN - Associated Bank \$ 45,355.00
 NT* \$ 36,510.00
 NT* \$ 3,742.50

ENDING BALANCE IN ALL ACCOUNTS \$ 85,587.50

*Balance reflects Debtor's 50% interest. Accounts frozen

Case Name: In Re: HARLOW N HIGINBOTHAM, Debtor

Case No. 18 B 31185

RECEIPTS LISTING

FOR MONTH ENDING: November 30, 2018

Bank: Associated Bank
Location: 525 W Monroe Street Chicago, IL 60661
Account Name: Harlow N Higinbotham
Account No. 2151 045 255

DATE RECEIVED	DESCRIPTION	AMOUNT
12-Nov-18	Farm income	\$7,632.33
15-Nov-18	Payroll (NERA)	7,096.71
21-Nov-18	Dividend (MMC stock)	2,733.26
26-Nov-18	Credit to debit card (Wal-mart)	21.73
26-Nov-18	State Farm insurance refund	21.87
26-Nov-18	Dividend (MMC stock)	2,733.26
26-Nov-18	US Treasury Federal Income Tax Refund (2017 taxes)	19,995.50
30-Nov-18	Payroll (NERA)	7,096.34
	TOTAL:	\$47,331.00

Case Name: In Re: HARLOW N HIGINBOTHAM, Debtor Case No. 18 B 31185

DISBURSEMENT LISTING

FOR MONTH ENDING: November 30, 2018

Bank: Associated Bank
Location: 525 W Monroe Street Chicago, IL 60661
Account Name: Harlow N Higinbotham
Account No. 2151 045 255

DATE DISBURSED	CHECK NO.	DESCRIPTION	AMOUNT
11/23/2018	Debit	Wal-Mart: sundries	\$172.07
11/23/2018	Debit	Jewel-Osco: groceries	91.25
11/23/2018	Debit	Apple Itunes: cloud storage	0.99
11/26/2018	Debit	Wal-Mart: sundries	62.23
11/26/2018	Debit	Bed Bath & Beyond: bed linens	556.37
11/26/2018	Debit	Alsip Nursery: plants	281.30
11/26/2018	Debit	Wal-Mart: sundries	120.66
11/26/2018	Debit	Wal-Mart: sundries	1.94
11/26/2018	Debit	Jewel-Osco: groceries	158.36
11/27/2018	Debit	Mi Woolies: footwear	94.86
11/28/2018	Debit	Potash Bros: groceries	10.17
11/28/2018	Debit	International ATM: card fee	2.85
11/29/2018	Debit	Potash Bros: groceries	6.63
11/30/2018	1001	Waste Management: garbage service	316.07
11/30/2018	1004	Peoples Gas: utilities	100.25
		TOTAL	\$1,976.00

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STATEMENT OF INVENTORY

Beginning inventory	\$ <u>NA</u>
Add: purchases	\$ <u>NA</u>
Less: Goods sold (cost basis)	\$ <u>NA</u>
Ending inventory	\$ <u>NA</u>

PAYROLL INFORMATION STATEMENT

Gross payroll for this period	\$ <u>NA</u>
Payroll taxes due but unpaid	\$ <u>NA</u>

STATUS OF PAYMENTS TO SECURED CREDITORS AND LESSORS

Name of Creditor/ Lessor	Date regular Payment is due	Amount of Regular Payment	Number of Payments Delinquent*	Amounts of Payments Delinquent*
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*Include only post-petition payment

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STATEMENT OF AGED RECEIVABLES

ACCOUNTS RECEIVABLE:

Beginning of month balance	\$ <u>NA</u>
Add: sales on account	\$ <u>NA</u>
Less: collections	\$ <u>NA</u>
End of month balance	\$ <u>NA</u>

0-30 <u>Days</u>	31-60 <u>Days</u>	61-90 <u>Days</u>	Over 90 <u>Days</u>	End of Month <u>TOTAL</u>
\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

STATEMENT OF ACCOUNTS PAYABLE (POST-PETITION)

Beginning of month balance	\$ <u>NA</u>
Add: credit extended	\$ _____
Less: payments on account	\$ _____
End of Month balance	\$ <u>NA</u>

0-30 <u>Days</u>	31-60 <u>Days</u>	61-90 <u>Days</u>	Over 90 <u>Days</u>	End of Month <u>TOTAL</u>
\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

ITEMIZE ALL POST-PETITION PAYABLES OVER 30 DAYS OLD ON A SEPARATE
SCHEDULE AND FILE WITH THIS REPORT

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EASTERN DIVISIONCASE NAME: Harlow N. HiginbothamCASE NO. 18-31185

FOR PERIOD ENDING November 5 – November 30, 2018

TAX QUESTIONNAIRE

Debtors in possession and trustees are required to pay all taxes incurred after the filing of their Chapter 11 petition on an as due basis. Please indicate whether the following post-petition taxes or withholding have been paid currently

- | | | | |
|----|-----------------------------|-----------|--------|
| 1. | Federal Income Taxes | Yes (X) | No () |
| 2. | FICA withholdings | Yes (X) | No () |
| 3. | Employee's withholdings | Yes (X) | No () |
| 4. | Employer's FICA | Yes (X) | No () |
| 5. | Federal Unemployment Taxes | Yes (X) | No () |
| 6. | State Income Tax | Yes (X) | No () |
| 7. | State Employee withholdings | Yes (X) | No () |
| 8. | All other state taxes | Yes (X) | No () |

If any of the above have not been paid, state below the tax not paid, the amount past due and the date of last payment.

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INSURANCE QUESTIONNAIRE

Debtors in possession and trustees are required to maintain appropriate insurance on property of the estate to avoid risk to the estate or to the public. See 11 U.S.C. 1007(a) and 1112(b)(4)(C).

1. For each policy of insurance maintained by the debtor in possession as of the Petition Date, state the following (*provide certificates of insurance for each policy if not already provided*):

Carrier	Policy No.	Coverage Type	Policy Expiration Date	Cancellation Date, If applicable*
Country Mutual Ins. Co.	AL8835266	Real & Personal Property	11/15/2019	
Great Northern Inc. Co.	1205582701	Real & Personal Property	12/11/2019	
State Farm	831387B0913E	Vehicle	4/9/19	
State Farm	6590272A0413	Vehicle	1/4/19	
RLI Insurance	PUP0213883	Personal Umbrella Liability Policy	2/13/19	

*If a policy was cancelled for any reason during the reporting period, identify the reason for cancellation (i.e., non-payment, sale of asset, abandonment, etc.)

2. Have all required insurance premium payments during the reporting period been made? identify the policy for which premiums have not been paid, the amount due, and reason for nonpayment (attach separate sheet if necessary).

Yes

3. Has the debtor/trustee received notice from any insurer during the reporting period that a policy of insurance is subject to cancellation or non-renewal? If so, identify the carrier, coverage type and basis for potential cancellation or non-renewal (attach separate sheet if necessary).

No

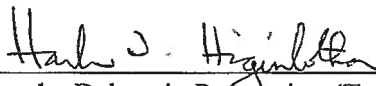
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DECLARATION UNDER PENALTY OF PERJURY

I, Harlow N. Higinbotham, acting as the duly authorized agent for the Debtor in Possession (Trustee) declare under penalty of perjury under the laws of the United States that I have read and I certify that the figures, statements, disbursement itemizations, and account balances as listed in the Monthly Report of the Debtor are true and correct as of the date of this report to the best of my knowledge, information and belief.



For the Debtor in Possession (Trustee)

Print or type name and capacity of
person signing this Declaration:

Harlow N. Higinbotham

Dated: